Lo 7000084429

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(Address)					
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(City/State/Zip/Phone #)					
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OR MAY -2 PM 2:31

T. HAMPTON

MAY - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sagar - Mejia Management, LCC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Alberto Mejia (Contact Verson)
(Contact Person)
(Firm/Company)
3360 Paddock Road
Weston F 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 931-176 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Pagintration Section Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability company as it a		
of State is:	Sagaro-Mejia	Managene	rt, uc
	- J	0	
2 This limited lightli	traammanri waa amanisad uu	dan dha lassa afi	
_	ty company was organized und	ier the laws of:	
T101	100	- *	
	nent/registration number of this	s limited liability comp	oany is:
L070000	84429	٠.	
A			A.4:
4. I, ANM 114	enagement, LLE	_, hereby resign as a _	Manager
(Print Nan	ne of Person Resigning)		(Print Title)
	ity company and affirm the lin	nited liability company	y has been notified of my
resignation in writing	ng.		
	fref		
Signature of Resign	ing Member, Managing Meml	ber or Manager	
V	/		
Je. 11. 10.	40 C 00 (D) 1		000
Filing Fee:	\$25.00 (Required)		-

08 MAY -2 PM 2: 31

Certified Copy:

\$30.00 (Optional)